# MEDICAL MISSIONS
# HOW TO STRENGTHEN THEM

FROM THE PROCEEDINGS OF
THE FOREIGN MISSIONS CONFERENCE
OF NORTH AMERICA
THE OPENING SESSIONS
GARDEN CITY, NEW YORK
JANUARY 11, 1916

FOREIGN MISSIONS CONFERENCE
25 MADISON AVENUE
NEW YORK

## Tuesday Afternoon

# MEDICAL MISSIONS AND HOW TO STRENGTHEN THEM

WILLIAM W. CADBURY, M.D., CANTON, CHINA

It was not until Peter Parker, in his Ophthalmic Hospital in Canton, proved the power of the appeal of the healing of the body that medical missions first came to be recognized as a vital and essential part of modern missionary propaganda; since then medical missions have steadily developed until now there are nearly one thousand missionary physicians (at least one-fifth of whom are women) conducting six hundred and seventy-five hospitals and nine hundred and sixty-three dispensaries.

Last March, 1915, a group of those interested in medical missions met and urged the Committee of Arrangements of the Foreign Missions Conference of North America to make a place on its program for the discussion of this important branch of missionary activity. Under the impulse of that meeting the Secretary of the Conference wrote to the medical missionaries of all Moslem and non-Christian lands asking two leading questions:

*One: What are your chief difficulties in attaining your aims as a physician?*

*Two: What lines of inquiry do you suggest as a means of strengthening the medical missionary work?*

The present paper is an attempt to correlate the answers received in order to have an understanding of the sentiments of those actually on the job.

The answers may be grouped as follows:

### CHIEF DIFFICULTIES IN ATTAINING AIMS

A.

*Lack of Proper Staff and Assistants.*

Lack of men and women physicians to properly care for existing institutions.

Lack of medical assistants, both foreign and native, trained nurses, dentists and business managers.

Lack of consulting physicians due to isolation.

More patients than the average doctor can properly handle.

Physicians are encumbered with a great mass of non-medical work—too many things to do.

Insufficient financial backing of medical work already undertaken.

Lack of sympathy and support of non-medical colleagues.

B.

*Complaint of Tendency toward Lower Standards.*

Tendency to become satisfied with low medical standards and unscientific work.

Failure to study and keep abreast of medical progress.

Lack of interest in research work.

Insufficient practical experience before going to the field.

Lack of spiritual growth on the part of the doctor.

Tendency to neglect the evangelistic for the medical work and vice versa.

C.

*Lack of Proper Buildings and Equipment.*

Lack of buildings, surgical instruments and medical supplies.

Lack of a medical library—books, periodical literature and pamphlets.

Many letters speak of the lack of the necessary paraphernalia for properly treating the sick. The hospital buildings are often hopelessly inadequate. For several years I worked in a hospital made of bamboo mats with room for less than twenty patients.

D.

*Native Inertia and Opposition.*

Superstition and ignorance of native populations.

Advanced state of disease in many patients.

Competition with native quack doctors.

Unreliability of assistants.

A number of missionaries refer to the ignorance and superstition of the people and in some cases of lack of confidence in the foreign doctor as a decided hindrance. The native quack doctor is a competitor hard to overcome.

Great quantities of inferior drugs and patent medicines are for sale in the native markets—unsanitary surroundings in which the missionary must live and the poor quality of food obtainable—conditions found in all uncivilized lands.

E.

*Lack of interest in America.*

The theory often expressed that medical work is only a means toward evangelization and should never be considered as an end or message in itself, has operated against its proper support and development.

The home constituency is uninformed, hence indifferent, to the needs of medical missionaries.

In some instances the complaint is made that missionary physicians at home on furlough are not permitted to solicit funds for their hospitals for fear that money will be diverted from the evangelistic work as a whole.

REPLIES SUGGESTING MEANS OF STRENGTHENING THE MEDICAL MISSIONARY WORK

*Maintenance of high quality in staff and assistants.*

More and better prepared physicians are wanted.

Missionary physicians should have the best possible preparation and post-graduate work when practicable.

Candidates for medical work should have had a course in a hospital and be equipped with a specialty before leaving home.

The missionary physician should be an all-round practitioner, not too much of a specialist.

Missionary doctors should have full opportunity to acquire a good working knowledge of the language.

Medical missions must be self-perpetuating and expansive through producing efficient devoted native workers.

Medical missionaries must be sound physically, have the best medical training, of broad vision and judgment and qualified spiritually. They must love the people among whom they work.

The doctor should reduce the number of patients to those that he can properly handle, his aim being a high grade of work rather than the number of patients enrolled. The term of service on the field should not be more than five years, and when on furlough he should be enabled to do graduate work.

Time should be allowed for research work and study.

The authority of the medical missionary should be recognized by the mission in all things pertaining to the medical work in which he is engaged. There should be hearty cooperation between the physicians of the mission and the other missionaries, so that their health may be carefully guarded while on the field. I have seen missionaries break down physically when two or three doctors were on the field, without the latter knowing anything about it.

Other suggestions regarding the efficiency of missionary physicians and assistants have largely to do with hospitals, equipment and better organization.

*Better Hospitals, Equipment and Organization.*

There should be at least two doctors and one foreign trained nurse capable of training others in each hospital.

There should be a hospital superintendent—a non-medical business man.

The absence of trained nurses in mission hospitals is a real source of inefficient work. An active campaign should be started to secure well-trained young women to consecrate themselves to this service, not for the purpose of doing actual nursing, but to establish training schools in all mission hospitals, so that the nursing may be raised from its present de-

plorable condition in many institutions to a high standard. There are many hospitals where there is no trained nurse, and the native helpers who are supposed to do the nursing are simply workmen who can do little more than scrub floors, and they do not do that very well either. A physician does not make a good superintendent of nurses. There must be a trained nurse to serve as a superintendent of nurses. I have tried to act in that capacity myself, and feel my inability.

The work done should be of such high standard that it will commend Christianity, be medically efficient and contribute to medical science.

Less denominationalism should rule in medical work. Where two or more hospitals exist in one city or section, there should be greater co-operation, permitting the men in that neighborhood to specialize in one field of medicine for that particultar section. This is a point I feel to be of great importance, the combining of the medical work on the field. I know of towns where there are two hospitals or three hospitals under separate mission boards, and each doctor has to be a surgeon, a medical man, an eye specialist, a skin specialist, and do all the work himself; whereas he might easily arrange with the men working in the other two hospitals to share his work by becoming a specialist in one phase of the work. This would certainly enhance the quality of the work done in that section.

Up-to-date union hospitals, laboratories and medical schools should be established in centers to train native men and women as physicians, surgeons, pharmacists, nurses and mid-wives. The medical work of each mission should be unified and better systematized. A central laboratory should be established in each section or country. A large central hospital should be located in the chief city of the district occupied, with branch hospitals or dispensaries in market towns. Financial co-operation with the people should be cultivated and public health propaganda carried on.

There is urgent need for the better financing of hospitals and medical schools. Dr. Simon Flexner remarked at the close of his recent visit in China, that the hospitals did not lack this or that but they lacked absolutely everything necessary for the making of modern scientific hospitals. It must be clearly recognized that no medical school can depend entirely upon its paying patients for clinical material. There must also be a free ward where students may obtain practical experience in diagnosis. At least one-half of the budget of a medical school must be provided by other sources than the fees from the patients and students.

*Better publicity and organization at the Home Base.*

Publicity in the home lands by means of (a) a special department in medical journals, (b) letters sent out periodically telling of the work.

A medical man on every missionary board.

A secretary at the home base to raise funds and have general oversight of the medical work or a medical auxiliary.

A greater effort should be made to arouse the interest of the medical profession of Europe and America in this great work. The doctor on the mission field has an abundance of clinical material of the greatest interest to the medical professors at large. By frequent contributions to medical periodicals and by addresses before medical societies at home much can be done. But in order to do this there must be less routine work for the doctor to do.

In this connection I wish to quote from Dr. F. W. Peabody, a representative physician of Boston, who visited many missionary hospitals and medical schools of China in 1914, as a member of the China Medical Board of the Rockefeller Foundation:

"I have been thinking of how to get the medical missionaries in closer touch with the medical profession in America. Why are they not in close touch? The trouble is on both sides. The profession in America know very little as a whole of China, India, etc., and the conditions of work there, and I do not believe that the missionary spirit has appealed to medical men very broadly. The American profession has got to be *made* to be interested—it will not become so without some active effort.

The result will be the sending out of men with larger personal contact with the best hospitals and medical men in America; frequent returns for work in good hospitals at home; writing good stuff for American Medical Journals; interchange between the countries by having good men go out for limited periods—young men to assist in schools and hospitals and older men to teach for a year or two."

The Mission Boards themselves should realize the magnitude of the medical side of their work. Every Board that maintains doctors on the field should have at least one physician as a member. The Medical Auxiliaries of the Society for Propagating the Gospel, the Church Missionary Society, the Wesleyan Missionary Society and the Baptist Missionary Society, should be carefully investigated and some similar body appointed.

The funds of the medical work should be distinct from those of other departments. A joint investigating committee representing different societies and composed of representative medical men should be selected and sent to the various mission fields. By this means the defects of the work would be more clearly emphasized and could more definitely be brought before the medical profession at large.

The China Medical Board of the Rockefeller Foundation has shown the great advantage of medical men visiting the missionary hospitals. The Presbyterian Board has recently sent out some physicians to investigate their medical work, and similar commissions sent out from year to year would be of great help in advancing medical missionary work.

The Boards carrying on medical work should also co-operate more intimately with one another at home and should present the cause of medical missions as a single unit.

Medical missions are now recognized as an important part of the missionary propaganda. The Boards must stand on the side of progress and see that their hospitals and medical schools keep pace with the medicine and surgery of Europe and America. Let the Christian prove the superiority of his religion, by his superior knowledge and skill in the practical application of it to the needs of the sick.

## Discussion

THE CHAIRMAN: You have already in your hands a pamphlet giving the letters from the medical missionaries relative to their chief difficulties, with suggestions as to the means of strengthening the medical missionary work.

The next speaker is Dr. B. C. Atterbury.

B. C. ATTERBURY, M.D., New York, formerly of Peking, China: I was very much interested in reading in the paper the other day a remark made by one of the leading English generals. He said that modern warfare depended nowadays,—very different from ancient times,—not so much on the number of men employed as it did upon a large supply of ammunition. And he went on to say that a great change had taken place in the methods of warfare from the olden times. A wonderful change has also taken place in missionary methods all along the line.

I well remember, when I was out in China, an old school missionary with a long beard and a black cravat and a frock coat,—magnificent man he was; I am not saying anything against him,—a man who was strong on all the theology of his denomination. He was looking at one of these young missionaries who had just arrived from America. This younger man

had on a colored cravat, and just an ordinary suit of clothes. He was able to talk about golf, and about lawn tennis, and he had a vocabulary along these lines, though he didn't seem to be very strong on denominational theology. This old time missionary said to me in a whisper: "When I was a young man and went out as a missionary, they sent out *men.*" Now, his inference was that this young fellow just from America was not a man. And I can't help but think, friends, that to cope with the present day problems of missionary work, and the increased intelligence of the natives of these various countries, to keep pace with the more modern ideas of what real Christianity is, that possibly that young fellow was better fitted than that older man.

A wonderful change has taken place in medicine during the past few years. Why, among these young graduates in medicine, I feel like an old mossback. They are talking in terms that some of us older doctors know very little about. A revolution has been witnessed in the whole range of medical science. I am reminded of a story of a patient that went to a specialist, and asked him to give his opinion as to what he should do to get back his health; and the specialist told him, "What you want to do is to take all the exercise you can. Be out in the open air. Use your muscles and get just as strong as possible." The patient went away. The next week he went back to the same specialist, who looked him over, and, forgetting that he had seen him the week before, said, "Why, what you want to do is to sit quiet. You must not take any exercise. Just sit down as quietly as possible, and do not worry and do not fret; do not move any of your muscles any more than you can help." So the patient said, "Why, doctor, last week you told me that I must move around all I could, take all the exercise possible." And the doctor said, "Well, you see medical science during the past week has made wonderful progress." That is the way it is during even the short time that some of us have lived in this world; medical science has made wonderful progress.

The letters from the medical missionaries published in this little pamphlet agree along three points, and just the points I hope will be thoroughly discussed this afternoon. These answers come from specialists. They do not come from men who are talking hot air, as they say. They are from men and women who know what they are talking about and who are speaking from practical experience.

The first thing upon which all these answers agree is that there has got to be some change, a decided advance in the methods hitherto employed in conducting medical work.

For instance, Dr. Venable of Kashing says: "I do not wish to disparage the medical mission work of the past, but I believe the time has come for making radical and sweeping changes in our work in the direction of consolidation or concentration. We have spread out too thin." Dr. Norton, of Korea, writes: "The time has come when we can no longer get along with the scanty outfit and slipshod methods of even ten years ago. I think every hospital should be outfitted to do the most careful and scientific work." Dr. King, of Banza, Congo: "A doctor goes through years of long, hard preparation, then on the field finds his hands tied through lack of hospital equipment, and he finds that he must do part of the work of a minister and part of the work of a trained nurse."

Then there was a second response which is practically unanimous. All feel there is a lack of financial support. This is a universal difficulty felt by medical men. Dr. Powell, of China, says: "My difficulty is chiefly a financial one." Dr. Witt, Hunan: "I feel keenly the lack of funds."

Dr. Hollenbeck, of Africa: "My difficulties are scanty supplies and hospital equipment."

I think these excerpts are enough to show the second point, that all our medical men feel somehow or other they must have more financial support in order to conduct their hospitals as they should be, in order to bring them up to the modern standard. And the governments too are beginning to demand a higher standard. Some way must be found to increase their financial support.

The third point upon which they all agree is that they must have more assistants in every hospital. This means no hospital should be left with only one man. A one man hospital is out of date. A friend was telling me the other day that while he has been away something like nine months from his field his hospital is shut up, a fine hospital with a fine plant, because he is the only man in it. He had to go on a furlough, and his hospital was closed.

We also need at least one trained nurse in every hospital, and also facilities for training natives. Listen to two or three extracts on this point.

Dr. St. John Ward, Beirut, Syria: "Lack of satisfactory assistants is the real difficulty." Dr. Allen, China: "Lack of trained nurses. Also every hospital should have a superintendent to attend to details."

Dr. King, of Banza, Congo: "I believe the greatest success lies in the medical education of the natives."

Dr. Judd, China: "Short handed. Till recently no colleague."

Dr. Calverley, Arabia: "The lack of trained native assistants is being met in some places by establishing union medical schools, but as yet little has been accomplished along this line compared with what should still be done."

I could go on reading many more of these extracts, but I think they show very clearly these three points. First there must be some change in the method of conducting medical work. Second, there must be some way devised to give better financial support to our medical missionaries. They need hospitals, they need libraries, they need better instruments. And third, every hospital should have at least two doctors and a trained nurse, with facilities for training natives to do the detail work.

I often think this whole missionary work is like the human body and its members. We are the body, but the head, the brain is the Lord, who animates the whole. The hand cannot say to the foot, "I have no need of you," and the clerical man must not say to the medical man, "I have no need of you." All are necessary. And if I were going out as a missionary now I do not know which profession I would choose in order to do the most good. All are necessary. and in order to make them efficient the hand must be kept up to the highest point of efficiency, the foot kept in the same healthy condition and all parts of the body under the direction of the Head.

The following letter from Dr. Robert C. Beebe to the Secretary of the Conference was before the Conference in print:

CHINA MEDICAL MISSIONARY ASSOCIATION.

5 Quinsan Gardens, Shanghai,
Oct. 20, 1915.

My Dear Mr. Grant:—

The accompanying resolutions were passed at the last meeting of the Executive Committee of the China Medical Missionary Association.

The work being undertaken by the China Medical Board of the Rockefeller Foundation brings about new conditions for medical missionary work in China. That Board proposes to establish one or more medical schools, working in co-operation with the missionary societies, where young men can have as good advantages in pursuing a medical course, as can be found in the United States or Europe.

They also propose to assist a certain number of mission hospitals, bringing them up to a higher level of equipment and general efficiency, where the graduates from their schools shall be obliged to serve at least a year as internes.

That these schools shall be a distinct addition. as designed, to missionary endeavor, those of the teaching force should be men of missionary spirit who are willing to give their lives to the work of regenerating China. The opportunity to supply such men is open to the missionary societies of the United States and Great Britain. The need is immediate and urgent, and the work of finding men of superior training and consecrated spirit cannot be undertaken too soon.

If the schools and hospitals supported and aided by the China Medical Board fail in manifesting an active Christian spirit, it will be because of the character of the men connected with them.

The China Medical Missionary Association hopes that the home boards will fully realize the opportunity and responsibility that now rests with them in face of this new situation.

If suitable men are not forthcoming from the missionary societies the China Medical Board will be obliged to seek their own candidates. These men may be quite unobjectionable from a missionary point of view, still it is very desirable that doctors coming out for work under the China Medical Board have affiliation with some mission on the field. They should be missionaries with a missionary spirit.

Will you please bring the accompanying resolutions before the Foreign Missions Conference of North America and ask their careful consideration of the same.

Very sincerely yours,

ROBERT C. BEEBE..

P. S. Dr. N. Worth Brown of our Medical School in Nanking intends to be at your Conference in January, and we have asked him to represent us should it be necessary.

I remember with pleasure our association in the work of the general missions conference in New York. I am now in Shanghai, and if I can be of any service to you I will be glad to do anything in my power.

THE CHAIRMAN: There is a set of resolutions in the hands of Dr. N. Worth Brown, from the China Medical Missionary Association. We will hear these now.

N. WORTH BROWN, M.D., Nanking, China: There is also a message from the Association, a very brief message, to this Conference from the China Medical Missionary Association, an organization including in its membership of 435 physicians almost without exception all of the medical missionaries in China. It is my privilege to present to you this message and these resolutions.

For many years this Association has held biennial meetings for the purpose of discussing the scientific and administrative problems of medical missionaries. The China Medical Journal is its official organ and has been of great assistance in stimulating the advancement of professional ideals. The activities of the Association cover a number of important fields. Its Publication Committee is concerned chiefly with the translation of medical literature and to this work one physician gives his entire time. The Council on Education, the Committee of Public Health and the Research Committee are all promoting activities in their special departments. The Executive Committee, of which Dr. Beebe is the Secretary with headquarters at Shanghai, has done much toward the co-ordin-

ation of Medical work and in a large measure determines our policies in educational and other questions of general concern to the medical body.

For the past few years there has been a growing movement toward the intensive development of existing medical work, and to this end co-operation and amalgamation have been strongly agitated and in many cases have already become effective. Perhaps the best example is at Nanking where seven American mission boards have united in the maintenance of one medical school. The union of existing hospitals has in several instances become possible with a commensurate increase in the effectiveness of the combined effort.

The function of medical missions in China has changed. They should no longer be regarded as a temporary expedient to open the way for the preaching of the Gospel but as an integral and co-ordinate part of the work of the Christian Church in China and as such should be placed on a permanent basis. To become self-perpetuating, this form of Christian service must eventually be taken over by the Chinese Church and the medical work done by Chinese physicians. To train men for this work and to prepare physicians for leadership in the medical profession is a problem worthy of further consideration.

Missionary societies are responsible for the existence of ten medical schools in China. Some of these, considering their very limited resources, are doing fairly creditable work, but their development has only begun. To those who appreciate the refinements of modern medical education and the standards to which schools of high grade should attain, our present facilities seem hopelessly inadequate. To continue medical education of an inferior grade will place our graduates in a class below that of men from non-Christian schools and bring discredit to the missionary cause. The question is not, "How many schools should be conducted if we had the necessary resources." but, "How many efficient schools can we have with the resources available." Should not we have a definite policy with regard to this issue, which, in its application, would eliminate the less efficient schools, concentrate our combined efforts on the most important districts and unite our forces whenever possible with philanthropic agencies which are in sympathy with Christian missions.

It seems providential that just at this critical stage in the development of medical education, the Rockefeller Foundation should have seen this unusual opportunity for service in China. You are all familiar with the report of the special Commis-

sion which visited us in 1914. As a result the China Medical Board was organized, representatives of which have recently that, the institutions established will be, in the words of its recommendations of the original commission. The members of this Board appreciate the work already done by missionary agencies and are prepared to co-operate with them so fully, that, the "institutions established will be, in the words of its Chairman, "distinctive contributions to missionary endeavor." Already the Peking Union Medical College has been taken over by this Board and a large representation on its Board of Trustees has been given to co-operating societies. The Medical Departments of the University of Nanking and of St. John's University, together with the Harvard Medical School of China. have agreed to unite and become amalgamated with the school proposed for Shanghai. The Yale school in Changsha will probably receive substantial assistance from this source.

In order to conserve our medical interests and to perpetuate the work already begun should not we co-operate with the China Medical Board so heartily and so effectively that the institutions established and conducted under its management will in reality be active agents in the propagation of our Faith and impress upon the leaders of the future medical profession of China the high moral motives imparted in the teachings of our Master?

With this message I have the following resolutions, Mr. Chairman, to present, from China, the resolutions adopted at a meeting of the executive committee of the China Medical Missionary Association held in Shanghai, October 12, 1915.

RESOLUTIONS OF THE EXECUTIVE COMMITTEE OF THE CHINA MEDICAL MISSIONARY ASSOCIATION

*Resolved,* That we call the attention of the Foreign Missions Conference of North America to the unique opportunity and urgent need now presented to the churches to provide medical men to fill appointments in the medical schools and hospitals at present being established and developed by the China Medical Board of the Rockefeller Foundation, and that we impress upon the Boards the very great importance of providing as soon as possible an adequate number of such Christian medical men, in order that these institutions, which promise to exert such great influence throughout China, may, from the beginning, be maintained on a thoroughly Christian basis.

*Resolved,* That the Foreign Missions Conference of North America be asked to co-operate in securing a suitable man who shall give his whole time to the work of finding candidates for medical missionary service in China, of advising them in their home preparation and of directing them to the boards of the different churches.

*Resolved,* That the Foreign Missions Conference of North America be further asked to make provision for the expenses of such a man and that he be instructed to work in the closest possible co-operation with the China Medical Missionary Association.

*Resolved,* That we call their attention to the fact that the work of the China Medical Board will make necessary in all our mission hospitals better equipment and a higher grade of general efficiency. That care must be taken that the influence and work of our mission hospitals do not suffer, in the estimation of the Chinese, by comparison with the work of other agencies. That our hospitals must have men of the highest Christian ideals, thorough professional training and administrative ability, and that we suggest as helping to bring this about that when practicable, in cities having more than one mission hospital, the union of medical work under one administration be secured.

THE CHAIRMAN: You have the message and the resolutions from the China Medical Missionary Association before you for your consideration. You will have it in mind in your discussions whether you are prepared to adopt by action here or whether you desire to refer such resolutions to the Business Committee for its recommendations later.

REV. ARTHUR J. BROWN, D.D.: I venture to call your attention to the fact that this is a part of the report of the Committee of Reference and Counsel. You will notice the third paragraph. The Committee received, after going to press, an important communication from the Rev. E. C. Lobenstine, D.D., Secretary of the China Continuation Committee. That was officially sent to the Committee of Reference and Counsel with a request that the Committee of Reference and Counsel adopt it. It having arrived after the last meeting of the Committee of Reference and Counsel, it is in the hands of a subcommittee of that Committee, of which James L. Barton is chairman, and you will notice on page 14: "These requests of the China Medical Board and the China Continuation Committee arrived too late for consideration at the last meeting before this report had to go to press. The Committee will bring in recommendations regarding them at this session of the Conference." This matter is on the docket to be considered at a meeting at 6:15 this evening, at which time Dr. Barton expects to present some recommendations which will be presented to the Conference as part of the report of the Committee of Reference and Counsel tomorrow.

THE CHAIRMAN: Will Dr. Brown kindly tell us from what document he is now reading?

DR. A. J. BROWN: The preliminary reports of the Conference.

DR. GEORGE HEBER JONES: It is the document which is in

the hands of all the members of the Conference entitled "Pre-Conference Reports," on page 13, at the bottom of the page.

THE CHAIRMAN: I understand then the Committee of Arrangements has placed upon the docket a question which is to be reported upon by the Reference and Counsel Committee. That being the case, we will know exactly what procedure to take, namely, to take no action upon the resolutions, but to have them reported through the proper committee.

DR. BROWN: I may say the Committee of Reference and Counsel hasn't the smallest interest in handling the matter. It appears in the report simply because it was sent to the Committee through the chairman and was handed to Dr. Barton through the Committee, but we have no interest in handling it. I say this simply for information.

THE CHAIRMAN: It will be a matter of information to know just where we are, in reference to the resolutions. They are clearly in the hands of a committee and will be reported on in the usual order. We have before us then the whole subject, the formal address having been presented and these resolutions as a part of our information. Are there any further communications? I have heard that there may be some suggestions from Dr. Avison.

DR. E. L. SMITH: The recommendations that you have just referred to are contained in this four-page letter to the Foreign Missions Boards, which was, I think, sent out by Mr. Grant in April last. [The letter referred to is quoted in full below.]

There was held in New York on the 16th of March last a conference of those who are interested in medical missions and some of the physicians in New York who were also interested, but who were not missionaries. Partly as a result of that meeting there were framed some recommendations to this Conference. Perhaps I might indicate in a few words what these recommendations are. They come to us under the name of Dr. Avison, by whom I think they were presented.

The first one is: "The first element of the plan recommended by this Conference would be the co-operation of all boards and all the medical work of a given region." That point is emphasized because of the duplication to which our attention has already been called this afternoon,—three or four physicians in a field, no one of them specialists, each duplicating the work of another. Hospitals, two or three in a field, but not efficient, as they would be were they combined. The co-operation of all boards and all the medical work of a given region is therefore the first element of this new policy recommended.

Second: "The separation of funds for medical work from those for general work." This is something quite different, the recommendation that the funds used by the various mission boards for medical work be separate from the funds of those boards which are used for general work.

Third: "The appointment of, first, a secretary at the home base to have general oversight of the medical work and the raising of funds for this special phase of medical activity; and, secondly, a home base made up largely of professional men whose professional standing and high Christian character would secure the highest ideals for the work.

"A medical mission work thus planned and supported would doubtless attract the gifts of many not otherwise interested in mission work, and the work thus be carried on at a much higher standard, without encroaching upon the funds of any other forms of mission enterprise, but rather win new contributors to all the funds. This opinion is formed by the experience of those boards in Great Britain which have given the plan of separate funds for medical work a fair trial."

These, Mr. Chairman, are the suggestions which come to us under the name of Dr. Avison, and I move that they be referred to the Business Committee, to be taken into consideration by that committee in the framing of any possible recommendations that they may make to the Conference at a later time.

FOUR-PAGE LETTER

*To the Foreign Missions Boards, in re Medical Missions:*

An informal meeting attended by a few medical missionaries, physicians practicing in America, and several board secretaries and board members was held at the Peg Woffington Coffee House, New York, March 16, 1915. The object of the meeting was to consider methods for strengthening the medical missionary work. A special committee nominated and elected by the meeting was appointed to bring the matters under discussion to the attention of the foreign missions boards, the Foreign Missions Conference of North America, the Medical Section of the Edinburgh Continuation Committee and such other organizations as should be informed.

The committee charged with this duty is as follows: Dr. O. R. Avison. Chairman, medical missionary, Seoul, Korea; Dr. A. J. A. Alexander, Presbyterian Church U. S., South. Spring Station, Ky.; Dr. William Seaman Bainbridge, surgeon, New York; and W. Henry Grant, Secretary Foreign Missions Conference.

In consideration of the informal and unofficial character of the meeting, the Committee in presenting the following matters to the boards for their consideration desires that they be regarded rather as suggestive than as definite recommendations.

I. In reply to the question as to "How can medical men in this country be most successfully approached and interested in our medical

missionary work." suggestions were made by doctors practicing in America. The first emphasized the need of publicity through medical journals and public meetings, large and small. The second called attention to the respect gained for medical missionaries through their personal reports of interesting cases and their evident desire to perfect themselves in their profession by post-graduate work during their furloughs.

II. The committee would call your attention to the action of the Medical Missionary Conference held in connection with the World Missionary Conference at Edinburgh, 1910.

"This Sectional Meeting of Medical Delegates, medical missionaries, and other medical practitioners interested in the medical aspects of missionary work, is of opinion that there is urgent need of some means of communication between the medical missionaries in the field and medical workers at home, whether in the department of medical missions or in the health department. and considers that this can best be done by drawing together the existing organizations in the mission field and in the homelands, and requests the committee which has organized the present medical conference to take this matter into consideration, and to take such action as may be required to achieve the desired result."

III. The following extract from the Report of the Committee of Reference and Counsel to Foreign Missions Conference of North America, January, 1915:

"Four societies have separate arrangements for maintaining and administering medical missions:

"The Society for the Propagation of the Gospel has had a medical mission fund for five years, kept entirely distinct from the ordinary funds. It is responsible for all the medical work carried on by the society, and since its inception no grant has been made from the general fund towards medical missions. There is, however, a trust fund for building hospitals, which is administered by the governing body and partly meets the needs for hospital buildings. The medical fund is under the direction of a special committee, and in the judgment of the society, since the policy of having a separate fund and committee for medical work was adopted, the fund has increased at an average rate of £2,000 per annum, the medical department has been the means of winning considerable increase in support of the general fund, the efficiency of the work abroad has been promoted.

"The Church Missionary Society established a medical mission auxiliary fund in 1886, but this was not at first a success; but in 1891, a medical auxiliary committee was formed to raise money and make grants for special things required over and above grants made from the general funds of the society. The responsibilities of this auxiliary were enlarged from time to time, until in 1909, it undertook the whole of the expenditure in maintaining the medical missions of the society, including the provision of buildings, and no part of the general fund of the society is allotted to medical mission work. The result of the appointment of this auxiliary has been most encouraging. The funds at their disposal have increased from £1,400 in 1892 to £42,819 in 1912. The secretary writes: 'I am confident that it is a most important matter to have a special medical mission fund, as it induces people to give who would not give to ordinary mission work. Unfortunately, there sometimes seems to be a competition between the medical and other funds, and this feeling should be guarded against as far as possible.'

"The Wesleyan Missionary Society has a separate medical fund and finds that many people are willing to give to this work to whom ordinary mission appeals do not come home. At present, their separate fund does not come anywhere near the amount which they annually spend on medical mission work. The balance is taken from the general funds of the society. The administration of the medical fund is not in the hands of a separate committee, though there is a board of physicians to advise the society in regard to medical expenditure. The ideal to which we are working is to obtain a medical fund that will be amply sufficient for the maintenance of all such work that the society carries on, including the salaries of missionaries, the necessary buildings and all other costs inevitable to such work. When we reach that mark I think it exceedingly probable the committee here would put the management of medical mission work into the hands of a separate committee, having its own secretary and carrying on its own work, subject always to the general committee of the society; but that is a goal that is at present, I am sorry to say, out of sight. . . . .

"The Baptist Missionary Society has a special medical mission auxiliary fund which is kept quite distinct from the general funds of the society, and is administered by the Auxiliary Committee. The medical mission work is entirely dependent upon the funds which the medical mission auxiliary may be able to raise for its prosecution. The administration of the medical mission fund is in the hands of a special committee appointed by the committee of the society, and reporting all its actions to it for confirmation. In regard to the value of the fund as an auxiliary of the society, the secretary writes: 'The medical mission fund has manifested a very definite growth during the past eleven years. In its first year it only totalled £432. At the end of its eleventh year in March, 1913, the total income was £11,706. The contributions thus obtained were almost wholly new-found help elicited through the presentation of the special medical mission appeal. As to the judgment of our committee upon the advantage or otherwise of having a medical mission auxiliary, there is a preponderating opinion in favor of the course, though it is equally true to say that there are some who would like to see no separate funds and no special appeal."

IV. *The Memoranda Concerning Co-operation in Medical Mission Work* presented by Dr. O. R. Avison of Korea to the meeting, March 16, 1915:

"(1) A medical missionary plant cannot be made to yield the best results as a missionary agency without at the same time being itself developed to a high state of medical efficiency representing a high professional standard of work.

"(2) While some of our medical institutions have been considerably improved in recent years, many of them still have very inferior buildings, inadequate equipment, too few workers and insufficiency of funds for current expenses.

"(3) While our dispensaries and hospitals as they have existed have served a useful purpose in introducing the Gospel to large numbers and may continue to do this service for some time to come, it is evident that as government institutions of a better type are established and our poorer ones are seen in comparison, ours will lose in influence and must be improved to meet the new conditions; and while the simple hospital service has accomplished much, it is manifest that a greater and more permanent service can be done by producing a body of Christian native practitioners, trained in modern methods who will still

more widely extend the service and be men of influence in all the communities in which they may live, conbining in themselves strong Christian faith, a thoroughly scientific knowledge and an ability to serve their fellow-men through their profession in a most useful way and in manifestation of the loving spirit of Christ—and so is seen the need for thoroughly scientific and modern medical teaching as a part of our missionary activity.

"(4) While any single board may equip, man and support one or more hospitals in any given field, it is evident that each board cannot provide and carry on in each field a medical teaching institution such as present-day ideals call for, but this can be done by all the boards uniting in establishing and conducting one such institution in each field.

"(5) It must be noted, however, that up to the present time the boards working separately have not been able to establish and conduct even the simple hospitals and dispensaries in an effective way, and even in these elementary forms of work co-operation is desirable.

"(6) Furthermore, if we are to be allowed by Government to continue in this branch of work, great advances must be made in all our medical plants, and we have no alternative but to face this situation and remodel our plans and methods in such a way as will enable us to bring the standard of all our medical institutions at least up to the point of efficiency required by Government. A plan for reorganizing our medical work which is to a considerable extent the outcome of suggestions made by doctors, board secretaries and others is herewith submitted for consideration. This plan would call for:

"The co-operation of all the boards in all the medical work of a given region.

"The separation of funds for medical work from those of the general work.

"The appointment of

"(a) A secretary at the Home Base to have general oversight of the medical work and the raising of funds for this special phase of missionary activity.

"(b) A Home Base Advisory Committee made up largely of medical men whose professional standing and high Christian character would insure the highest ideals for the work both in professional standards and evangelistic methods and at the same time enlist and hold the confidence of those able and willing to give to a work plainly worthy of their interest.

"(c) Field Committees of the medical men of given districts to advise the missions and boards as to location, standard, equipment and manning of the various hospitals and to pass upon their budgets.

"A medical mission work thus planned and supported would doubtless attract the gifts of many not otherwise interested in mission work, and the work thus carried on at a much higher standard without encroaching upon the funds for other forms of missionary enterprise, but rather winning new contributors to all the funds. This opinion is confirmed by the experiences of those boards in Great Britain which have given the plan of separate funds for medical work a fair trial."

The committee believes that the departmentalizing of medical missionary work by the boards, under the general supervision of medical committees on the field and the co-operation of physicians in America, will go far towards strengthening the medical work of the missionary boards, relieving rather than adding to their heavy budgets while giving them a more direct control of the medical work as a whole.

The Committee of Arrangements for the Annual Conference was also requested to make a place on the program at its next meeting for the discussion of the matters contained in this document and to appoint some one to present the same. The chairman and the secretary of the Committee of Arrangements agreed to recommend to the committee that Medical Missions should be made a special topic at the next Annual Conference.

Respectfully submitted,

W. Henry Grant,
*For the Committee.*

The Chairman: You hear the motion of Dr. Smith. What is your pleasure? You may remark upon it, discuss it at this time, or make this reference and proceed to discuss the general question. Is there a second to the motion to refer?

Dr. George Heber Jones: I was wondering, Mr. Chairman, if the Committee of Reference and Counsel are to consider the matter, if it might not be well to have these papers first go to them, the proposals of Dr. Avison and those that came from the China Medical Missionary Association, so that they could have the whole matter before them; and when they bring it in, have it then referred to the Business Committee.

The Chairman: I have no judgment in the matter. I think that procedure would probably unify the action and bring all the elements together.

Dr. Smith: I will change that motion to that effect.

The Chairman: Dr. Smith changes his motion. As many as favor this motion will say "Aye." It is carried.

The general subject is still before you with all this material which has been presented, and the discussion is open.

Rev. Arthur C. Baldwin: I would like to ask one question, and I would like to have an answer from the missionaries themselves, Do they believe in this equipment, this increase of their material forces, so much that they are willing to concentrate in order to have it?

We are sadly aware that our resources from this end are pretty well defined. We may grow in ten years, but we do not grow very much in one year. Now, with that marked definition of income, are the missionary bodies willing, when they come to a choice of one good hospital or two poorly equipped hospitals, to choose the one good one? Are the missionaries willing, if they are to choose between two doctors for one hospital, or two hospitals each having one doctor only, to choose the one hospital with two doctors? If the field has so much money for the year for all its work, educational, evangelistic, medical, and for training and all the rest,—are they willing to deny themselves something in evangelistic and educational work in order to strengthen the medical work?

That is to say, do all missionary bodies believe in this necessity enough to cut off somewhere else in order to do a more intensive work, a better equipped work than they have before?

It seems to me that the boards have probably erred in expanding too far. We have reached out here and there and the other place. We have put the flag up way ahead, and now we are saying to our churches, Come up to this line where we ought to entrench, but the churches are not coming up very fast. Shall we bring the flag back to the line where they are? Of course we want as missionary boards to bid the churches to come up, but I think it comes to this practical application: if the missionary bodies are not going to make some modifications in order to intensify, that the boards should resolve not to extend in the future,—not another new hospital until we have adequately equipped the hospitals and the work we already have.

E. St. John Ward, M.D., of Beirut, Syria: I am secretary and treasurer of the Medical Missionary Association of Turkey. I regret very much that the announcement of this meeting came at a time when it was almost impossible to get our Association together to convey an official message to you. I feel that we have a very distinct message, and I feel it incumbent upon me to give it, because I am the only man here perhaps who can do it.

I desire to speak of our great need for men, because our hearts are bleeding these days. Four of our best medical missionaries in Turkey have died within the last month from typhus fever,—a terrible blow to the work. If we were short of men before, we need them more and more after this terrible loss, and most of you know what Turkey is going through these days.

In answer to the remarks made by the last speaker, I would say that the Medical Missionary Association of Turkey believes in concentration. It does not believe in diffused work in all parts of the country. Perhaps that is due to local conditions in Turkey. There are already a great many native doctors who are going to the interior places, and it is no longer a mere question of getting some sort of medical help to everybody. It is getting the right kind of medical help in the right spirit to the people who can be touched by the message of the gospel; and that is our purpose there. And we believe to increase our efficiency in the Near East we must concentrate wisely. In that respect we must have men of the best quality. I have been interested in the few months that I have had here in America in going among medical schools trying to find out

why men are not coming forward and going into medical missionary work; and I want to say one or two special things along that line, because they are practical points, and I think they ought to influence those of you who are looking for medical men.

A remark was made to me by a man in the graduating class of the Columbia Medical School. He said: "I do not want to apply to a missionary board because they want little tin gods on wheels." I looked a bit surprised and said: "What do you mean?" "Well," he said, "I can't measure up to the qualifications which they put down in their papers. It is impossible for anybody to do that." You people must realize that there is no one quite so humble as a good medical man. He knows his own deficiencies, he knows his own limitations; and if you want to get the best men, do not make your qualifications in print quite so high. but study the type of man you have got, note his spirit, and the interest he puts into his work.

There is a strong tendency in the medical profession today toward specialization. If you will take that interesting and illuminating pamphlet, "The Profession of Medicine," which has just been published by the Harvard Medical School, you will be surprised to find how large a proportion of the recent graduates of medical schools are going into specialties. It is a tendency which the missionary boards must face. I went among the medical schools and spoke to a number of students and asked them why they were not applying for positions in the foreign field. They said, "I want to do this specialty," or "I want to do that specialty." I said, there is a chance for you on the field to specialize. In many hospitals they want both a surgeon and a physician; in some schools they want a man who is a bacteriologist; in another place they want a man who is an eye specialist." Their eyes opened and they said: "Is that the situation? We didn't know there was any place in the mission field for specialists." I think we must face this tendency to specialize, and that is one reason why there will be a distinct adantage in this element of concentration.

Now a few words in regard to equipment, in which I am a strong believer. If a man is going to do good work he must have good equipment. There is no sense in a man going out to the foreign field and doing poor work. When I went out, though I was going into pioneer work, I told the Board very frankly that I thought it was good economy to give me a good outfit; and they did, and they never regretted it.

But I think there is a limit to it. My heart is not in the medical work simply because it is medical, just simply because

it is dealing out pills or doing operations. My heart is in the medical work because it is going to bring about the kingdom of Christ in the foreign field. Medical missions are especially important in Moslem lands, where we have that problem which is perhaps the greatest problem of the Christian Church in these days,—the problem of Islam, and we want equipment, but the equipment is a means to the end: to get at the people; to show forth the spirit of Jesus Christ in our work. Therefore I should advise that fewer hospitals be established, but they should be well equipped with all essentials,—nothing extra, perhaps, but all the essentials,—and that they should be carefully nurtured so that they will conduce to that ultimate purpose of the missionary cause in the foreign field. This can be done a great deal better than it has been done in the past, by careful concerted action.

There should be an interdenominational organization on the field to co-ordinate the various features of the work, help in the purchase of supplies, and advise in regard to building. I have appreciated perhaps nothing better in my position as secretary and treasurer of the Medical Missionary Association than to have letters from medical missionaries from Denmark, Germany, England, asking my advice about building, about buying materials, or about the kind of a sterilizer. That form of co-operation can be done through the local organization, as it is done in China through the China Medical Missionary Association, and is done in Turkey in a small measure through our medical missionary organization.

I think there should be the same element of co-operation in this country. There are many pieces of apparatus which are very expensive. They are in a sense essential. But it may be so arranged that one man who has the specialty for a particular kind of disease,—we will say kidney disease and bladder disease,—should not be deprived of the right of having a cystoscope and the electrical apparatus necessary. Perhaps his neighbor in the next town or city cannot afford that, but he can send his cases to the man who has the cystoscope. That is merely a concrete example of how co-operation can take place. And it may be arranged to advantage at the home base as well as on the field.

We are planning in the period of reconstruction which is bound to follow the war in what we call the Near East, to make a new start in the line of co-operation, which will be international and interdenominational; to make a start which shall look into the future, co-ordinating hospitals with medical schools, co-ordinating preparatory schools with the medical

schools and colleges, and following up the graduates of the medical schools and seeing that they go back into their homes to carry out in their lives the spirit of the teachings which they have had in the schools. We have conducted this work by a sort of hit or miss policy, and it has meant a great deal of failure in the past. I think we can do a great deal better, and I hope that we can make a new start as soon as this war is over. It is for that purpose that we are approaching the Rockefeller Foundation, hoping it will do in Turkey and the Near East what it is now doing or promising to do in China.

J. D. Van Buskirk, M.D., of Seoul, Korea: I speak for Korea where there are between thirty and forty medical missionaries and an auxiliary of the China Medical Missionary Association. We have a Union Medical College, in which I am working, in which four Presbyterian, two Methodist bodies, and the Church of England are co-operating. That shows how much we are willing to get together on the field; and we are trying to get the work on that basis well established, to make that one place a centre to which the others can come and receive help.

We realize that there is need in other lines, and we are not trying to take a thing from anybody else. What we are after this afternoon is not to ask the clerical brethren or the school men to sacrifice for the medical work; it is how can we develop the resources of America to get more for us all?—to get libraries in the schools and colleges, to get more preachers, and to get better places, to get more equipment for the hospitals. Instead of dividing the loaf we want to get more loaves.

We want, again, to get a definite idea as to what we are going to do,—a policy; and I think that this Conference could do nothing better than to propose a definite policy for medical missionary work. Do we believe that it is right and necessary to have two men in one institution, two doctors and nurses at least there? If so, after this committee has reported, let us bring in recommendations to the boards to work to that ideal and get there as fast as we possibly can. Have a policy and work towards it.

Each board should have a committee studying its medical work and its problems,—that is, specializing in medical mission work. That will develop the policy for that board. The boards of North America in round numbers send ten per cent. of their men into medical work, but I have not found yet, in some of the mission boards at least, one doctor of medicine. I think that one of the biggest forward steps that could be made would be for each board to get a doctor and hitch him up

to its medical problem. You have lawyers, merchants, bankers, preachers on the boards. There are consecrated doctors who love the Lord Jesus Christ, and if you get them harnessed there will be some help coming for the medical missionary work.

The plan of the Rockefeller Foundation to establish medical schools in China is the biggest opportunity that has come before the churches of America along medical missionary lines; and if the churches of America do not send medical missionaries to fill those places, other men will be sent. It is our opportunity to mold the medical life of a nation, and that nation one-quarter of the people on this earth.

In Korea we face a critical situation. The Japanese Government is establishing adequately equipped medical institutions. I know places where they have a staff of four or five doctors, trained nurses, pharmacists, X-ray apparatus and all the modern appliances of a hospital, in a government institution, while mud-walled, straw-thatched buildings represent the cause of the Lord Jesus Christ. That may for a time suffice, but we cannot afford to do inferior work in His name. In His name only the best is good enough, and to obtain that let us all get together and work together. Put us in touch with the doctors in your churches, and you will not have to take away from anything else. It will be developing new resources, —an asset, not a liability.

Dr. R. B. Tuesler, of Tokyo, Japan: A very fundamental question, to my mind, was raised by the first speaker. I do not think there is any question that we will have to concentrate, but we shall have to shut up hospitals and medical schools, so called, that do not teach the gospel, because not only do they not represent Christianity, but they become a distinct drag upon our work as missionaries.

I remember well the mayor of Tokyo saying to me, "Doctor, how it is possible that Christianity is in earnest in China when its hospitals are so thoroughly inadequate and its medical instruction, except in a few schools, such an absurdity? We ourselves for philanthropic purposes are undertaking to introduce among the Chinese medical education for their uplift, and we are far ahead in equipment and standards of what your American churches attempt there." That was a severe criticism, yet I think it is true. In other words, it is absolutely essential that we close up every hospital that is not adequate to meet the needs of modern medicine, and concentrate. It would be much better from my standpoint, and I think from the standpoint of the men actually in the field, to concentrate our men

in centres and equip them adequately. We are not in mission lands as medical men only to save the immediate sick within our hospital walls, but we are there as medical educators, and according to our degree of education is our degree of success. We cannot possibly save all the lives of China or Japan or Korea, but we can raise up there properly educated native doctors and nurses to save their own people, and it is incumbent upon us that we do it in such a way that there will be no criticism of Christian methods and equipment, as there is today.

As an illustration, up to a year ago we treated 200 cases a day. We had fifteen doctors and twelve nurses to help us, and we found we could not give them proper attention, and we cut the cases down to 150,—that is to each physician,—and I believe it would be better if we cut them down still more. We cannot see more than 50 or 60 cases a day and do them justice. It is better to see three of them and treat them successfully and demonstrate to our assistants the value of thorough treatment than to undertake to run a cheap hospital with sod roofs and paper walls.

Rev. L. D. Wolf, D.D.: The British medical staff has medical departments all over India. All the universities of India also have regular curricula in medicine, and of course medical practitioners must measure up to the standard set by the government. But so far as medical missionaries are concerned in India there is really no difficulty provided they are thoroughly well trained. It must be understood, however, that the British government does lay down certain requirements.

There is an effort being made now in the Madras Presidency to start a medical school among the women. It has been agreed to by eight societies, a telegram concerning which reached me before I left home; and they propose to do things in a way which I am quite sure will be in consonance with the plans of the British government. They will not do anything except as their medical curricula shall correspond to the standards set by the government. The ladies who are planning this have lived so long in India and have worked so sympathetically with the Britsh government that no difficulty will arise from lack of co-operation with the government.

All that has been said so far in the discussion has reference particularly to Korea, China, and Japan. There must be separate findings when we are considering medical work in India, because of the large medical work under the British government as well as the mightier call that comes to the women of this country to enter into medical work for women in India.

Rev. Canon S. Gould, M.D. (Church of England in Canada): I was very much astonished to hear that the British government in India was putting hindrances in the way of medical missionary work. The first point in the letter referred to is solely concerned with the diplomas, the professional standing of the individual medical missionaries. It was my privilege to go to the Turkish Empire in 1897, and I found the first thing I had to do was to take my diplomas to Constantinople and there take the Turkish diploma admitting me to the practice of medicine, and that was solely a matter of diploma. And I presume that New York, as well as every other state in the Union has its own law concerning professional standing, and everyone bringing an extraneous diploma or standing, no matter whether higher or lower, has to conform to that local standing.

The second point referred to the British government's medical system, with its hospitals and dispensaries and so-called traveling dispensaries being established for the villages; and then says, very properly I take it: "The good these institutions might do is hindered oftentimes by the spirit of trade in the natives on the staff." As a medical missionary of some years standing I found that one of the great obstacles we had to overcome in our native schools was that very spirit of trade; that on the sly they were selling medicines which were medical mission property; that they were taking advantage of their position; and therefore I take it that that statement has to do with the frailty which is common to human nature, particularly on the foreign mission field.

I may say that one of our projects is the establishment of a hospital; and I interviewed the commissioner of the district, and not only did the government not put any obstacle in our way, but it gave us more than one-half of the land as a free gift, on the sole condition that it be used for medical missionary purposes.

I do not think that the speaker, of course, intended to convey any reflection whatsoever. He had taken an isolated statement, I presume, from one of the letters, and had drawn from that a general deduction which was not stated as carefully as it might have been. I trust that the Conference will bear with me when I add that I think there is no greater subject which can possibly be brought before this Conference than the subject of medical missions, the plan of missionary work of which our Lord Himself is the great exemplar, who preached the kingdom of God and healed the sick in all their villages and their cities. And whether it be by concentration, whether

it be by careful co-operation between different boards, whether it be by the bringing in of the assistance of such a magnificent foundation as the Rockefeller Foundation, whether it be by this way or by that way, I think there lies before the Church a great double objective in the realm of medical missions: First, to do that which our Lord did, heal the sick, heal them in order that they may be brought into His kingdom; and, secondly, to set up in those countries certain great technical institutions on the side of the practical Christianity, virtue and charity of the faith which we possess, and through these produce a trained native medical profession.

Rev. E. Kirrmann (Medical Missionary Institute, Tübingen, Germany): I am deeply interested in the medical mission problem, and I have studied this problem in China, and therefore I would suggest, to meet this present change in the medical mission work, to help in building up the modern hospitals and medical schools, to bring more system into this great and important part of mission work at home and on the field, we should have a special committee for medical missions with a general secretary.

The task of this Committee would be to investigate thoroughly the existing work that has been done up to the present time by the representatives of the different missionary boards and by the medical societies on the mission field; to build up with all the different forces the medical mission work at home and on the mission field according to a clear and definite policy. Such a policy on a sound base would not only avoid double or different plans, and save men, time and money, but should easily increase the necessary funds and the number of qualified candidates to man the hospitals and medical schools.

We would suggest that each mission board with medical work should be represented in the Committee for Medical Missions by a member who is qualified and interested in this branch of mission work, and that the General Secretary need not necessarily be a medical man, but an organizer who has a full understanding for the spiritual as well as for the practical and scientific side of the medical mission work.

A united and concentrated activity must come. The task in the medical mission work is too immense and extensive to be done without a united definite plan. If we wait too long and do not at once unite all our forces under a definite plan, we will lose many opportunities, and eventually lose our influence in the East; and such a loss will be a serious one to our mission work.

Murray Galt Motter, M.D., of Washington, D. C.: I am alleged to be the only medical member of a foreign mission board represented in this Conference. I am not prepared to defend or deny the allegation; and I am not a delegate, and only speak by courtesy of the Conference.

It seems to me, Sir, that we have had presented here this afternoon, and strongly emphasized, two great needs, with the suggestion of how this Conference may at least begin to compass these needs. The first need is a thorough reorganization, perhaps even radical, of our whole method of dealing with medical missions. The second need is greater support to medical missions, financially and in the matter of personnel.

The means by which this Conference may get at these needs is suggested in the form of a Committee on Medical Missions, with perhaps a secretary who shall devote his entire time and attention to the subject and act as a clearing house for all information both as to conditions in the field and conditions and possibilities in this country.

There is one phase of the work in which I am especially interested and which in fact brought me to the Conference. Hitherto in our medical missions we have devoted ourselves largely to hospital and dispensary work, to the *curing of individuals*. Now it seems to me that we should branch out and devote our attention, at least a large part of it, to methods and means *curative of conditions* rather than of individuals alone. I would not for one moment minimize the need of the care of individuals, but we all know that the future of medicine and medical practice is along preventive lines.

Dr. Van Buskirk referred a moment ago to medical work as an asset of the mission board. It is a point which Mr. Grant emphasized at our little conference on Saturday night, saying that the boards did not recognize what a tremendous asset they had in their medical work.

Now, if we could send to man the hospitals and direct the dispensaries trained sanitarians, who will educate the people in matters of public and personal hygiene and sanitation, we shall, I fancy, make a great and favorable impression in the lands in which we work, especially upon the powers that be. That would have to be guided, as already indicated in the discussion about conditions in India. In India, where the British government has made considerable progress and dominates in the management of affairs, the work of the missionaries could perhaps be only co-operative; and that would be of course the case in Japan. In China, however, and I fancy in Moslem lands, the missionary sanitarian might

undertake new work on his own initiative; and it seems to me that in considering this very important phase of missionary work, this possibility should be taken into account. The best missionary to undertake this sort of propaganda is not of necessity a physician. That is not my own opinion, but an opinion expressed in the Pan-American Conference in Washington last week,—that the medical man, trained as a medical practitioner, is by no means the best sanitarian. His whole work lies along curative lines, while the work of the sanitarian lies along preventive lines. There is a great field for missionary work and activity along the line of sanitation.

J. S. CHANDLER, of India: The British government in South India has been a great help to medical work.

The harmony between the government hospital in Madura and the mission hospital was shown in the case of one of our English doctors who was a great help to the Christians. The hospital was not a rival of our mission hospital. It was a mile and a half away, in a large city of 135,000 people. The Christians on that side of the city were treated by this English doctor, and they came and said, "Why, he is just like a mission doctor," he was so careful and kind in his treatment of them.

I should like to second all that has been said as to the need of efficiency, but at the same time I should regret to see "one doctor hospitals" knocked in the head. If one doctor hospitals are to be knocked in the head, three-quarters of the British medical work would have to cease. The British government has a very effective system of medical work in all its districts. Every governmental unit has a hospital, and that hospital is presided over by one English doctor, and they never expect to have more than one, and yet they manage to keep up very efficient hospitals, one for each of these districts. But the point is not so much that there should not be more than one doctor, which in their system is all they expect to have, but that if that one goes away they put another in his place, and there is no intermission. The trouble with many mission hospitals is that when one doctor has to take a furlough or has to be absent, there is no one to take his place, and then you have a "no doctor" hospital. That is the weakness of the one doctor hospital. It is better to have two doctors, but rather than put out of existence many a useful mission hospital that has only one doctor, it is far better to keep them, but keep one doctor there, if possible, and let there be no intermission.

Do not forget that many a mission has had its one doctor

hospital through all its existence, and the work of that hospital in Madura, for instance, is worth too much to be put down as inefficient. It is not inefficient. And yet there is weakness in the fact that where there is only one doctor, according to missionary methods, when that doctor is away there is no doctor.

I should like to raise a question about the call for a non-medical business superintendent for a hospital? I have been superintendent of a hospital, and I am non-medical, but I should have done my work much better if I had been a medical man. I do not quite appreciate the necessity of having a non-medical superintendent in a hospital. It seems to me that they should be all medical men.

CLARENCE D. USSHER, M.D., Van, Turkey: As the last speaker has just said. there are a great many places where there are one man hospitals, and I cannot believe any one desires to lessen the number of hospitals. When our hospital at Van was started it was the only hospital in a district as large as the whole of New England, New York, Pennsylvania and New Jersey combined; and the field is not very much lessened today, although the American Board has put three other missionary physicians in that field. Our nearest neighbor, Dr. Atkinson, who died Christmas Day, of typhus, was 250 miles away; the next one 450 miles.

Regarding retrenchment in other branches of the work for the sake of the medical work, I think there will be no need of it. The medical work has an entrance to the people that perhaps no other branch of the work has, and we have seen results in Turkey when a medical missionary got in touch with the people that put the evangelistic work in touch as it has not been in twenty or thirty years of merely evangelistic and educational work.

The problem of self-support is an important one for medical institutions. We started our hospital in Van in a rented house, very ill equipped for a hospital, with about a dozen wooden bedsteads, and went ahead with the work. At first the people would not send any patients to us. The thought of going to a hospital was utterly obnoxious until, finally, the city found a poor beggar dying by the roadside of pneumonia, and then they said, "Here is a chance to try that hospital;" so they sent him into the hospital, thinking if he died, there was no harm done, he was going to die anyway, and they could see how he was treated. The Lord cured him, and so with the next one, and we soon got so in touch with the people that the medical work of Van has gotten along with only $100 from

the American Board. It has contributed to the Board a plant worth more than $12,000, and has been self-supporting in all but its work for the poor. If that could occur in so impoverished a country as Turkey. and especially the region of Van, in which I have seen six massacres, and the Ottoman government use every means in its power to destroy the financial ability of the Christian people of the country,—if that is so there, it seems to me it can be so to a very large extent elsewhere.

The hospital was not well equipped. There was only one physician; and when that physician, after ten years of continuous service, could not stand it any longer, and the station insisted on his going home, the hospital had to be closed and twenty-two employees discharged and let go, where they could not be recovered to the work, simply because there was no one to take his place. And today, because the physician in Erzerum has had to leave that place to go to Constantinople, there is no physician for the work there.

John A. Snell, M.D., Soochow, China: The work in China impresses me as having gone through a period of preparation or foundation building, and now the opportunity is before the Church of America and of the world to build upon this foundation a grand superstructure. There is scarcely a medical centre in China but what has this foundation,—some few have a pretty good superstructure,—and we can now build on these foundations ideal modern medical institutions that will serve to represent the real Christian work. As has been suggested by our friends from Korea and Japan, we cannot afford to represent Jesus Christ with an inferior work, but we must as representatives of the highest ideal and character likewise take to them the very highest in modern medical science. The Chinese are ready to support the medical work, and in most sections throughout China they can support it. We must take advantage of this great opportunity and build up a model work after which the Chinese can pattern their own work.

Bishop Lambuth: We have been very much sobered in hearing that four men have fallen during the last month and other medical missionaries and nurses are in jeopardy every hour in the Near East as well as elsewhere.

The Chairman: I have asked Dr. McLean to close this session of the Conference with prayer. May God bless us in the consideration of the very wonderful suggestions which have come to us today and the vision we have had of the larger work which He wants us to do.

Prayer By Dr. McLean: Our Father, we praise Thee for the Great Physician who went about doing good, teaching and preaching and healing every manner of sickness and every manner of disease among the people. We bless Thee that He Himself could say of His work, the blind see, the lepers are cleansed, the lame walk, the dead are raised up and to the poor the gospel is preached. We praise Thee, O God, for His sympathy with all who suffer anywhere and everywhere; and we bless Thee, O Lord, for those who have caught His spirit, for those who have gone out to relieve suffering and to reveal Christ and the Father to the peoples with whom they have had to do. We bless Thee for the medical missiosaries here today and for what they have taught us concerning the work on the field. We bless Thee for those who are not here today but at work on the field, and it is there we ask that Thy blessings in fullest measure may rest. Wilt Thou assist them in all of their undertaking today for Thee, to stir up the churches at home, to enlist new workers for the field, and to carry on Christ's work in the hospitals and dispensaries.

We bless Thee, O God, for those who have given their lives to this cause and who have died in the service. Let Thy blessings be upon their dear ones. Wilt Thou bless them with Thy wondrous grace, and raise up others speedily to take their places. Remember those in danger today, O Lord. Wilt Thou shield them from every form of injury. May their lives be precious in Thy sight, and be prolonged, that they may carry on the Lord's work even more effectively in the future than in the past.

And, our Father, may the churches at home be concerned about this work. May they continually know more and more about it, and may they be seeking to supply the funds necessary for its maintenance and its enlargement, for the equipment of every hospital and every dispensary. And, O Thou God of the harvest, wilt Thou raise up others, we pray Thee, as they are needed for this cause. And remember the missionaries. Help them in their work, we pray Thee. Help those who are seeking to introduce sanitation among the nations and prosper their work, we beseech of Thee.

And now may the grace of the Lord Jesus Christ, the love of God, and the fellowship of the Holy Spirit be with us all. Amen.

## Tuesday Evening

# MEDICAL MISSIONS AND HOW TO STRENGTHEN THEM

(Continued)

DAVID BOVAIRD, M.D., NEW YORK

There are three things I would like to say on the subject of how to strengthen medical missions. There is needed in the mission field the best medical men that we can command, the best in the strictest sense of that word, not alone in their character, not alone in their faith, but in their scientific attainments as well. I am perfectly sure that what Dr. Butterick has to say to us tonight will open to every one of us a vision of possibilities before the medical profession of America, a vision that is so vast, that is so weighted with magnificent possibilities that we shall feel that the best men that we can command are none too good for the cause for which he speaks.

I have always had a high opinion of the medical missionary. The opportunity to become really closely acquainted with his work, with the demands upon him, not merely upon his time, but upon his ability, upon his energy, upon his devotion,—all these things have greatly intensified my admiration for the men who have so nobly done their parts in the great field of medical mission work. I am perfectly sure that the demands that are to be made upon the medical missionaries of the coming generation are heavier still, and that the best men that we can command will not be more than equal to them.

Doubtless more than one will say, How are we going to get the best men? One of the most interesting experiences during our journey in the East was a visit to the International Committee's Y. M. C. A. in Shanghai. One of the astonishing things about that establishment is that they have a boys' department in that particular institution which numbers almost as many members as any boys' department belonging to the Y. M. C. A. in this country. You ask them how they got those Chinese boys, and the secretary of that branch will tell you that they got the Chinese boys by calling them to service. Would you believe it, that that was the call to which the Chinese boys would answer? Is there

not a call to service in the work of medical missions the like of which can hardly be equalled by any other call that the world hears at the present day, and shall not our best men be equal to it? I believe devoutly that they will when they hear it, when they realize the possibilities of the work, the possibilities that lie in their devotion to it at this time. We need the best men that can be had in America.

And having the best men, they need equipment. It is a waste of men to send them out to do their work without adequate equipment. In the cold, hard way of the world that has been demonstrated to us beyond question by the experience of the British people and the Allies within the last year of warfare. At one time they lacked men, at another time they lacked munitions, and they could not hope to meet the situation before them until they had rallied both men and munitions. It is exactly so in our medical work. We need men, and those men need equipment. The marvelous development of modern medicine has been attended with an elaboration of apparatus and hospital equipment that really staggers one even when he is closely in touch with the work. But there is no escaping the fact that the work cannot be done as it should be done without elaborate apparatus and equipment; and if the work of a medical missionary is to be done as it should be done in the interests of the cause we all love, we must not only send the best men, but those men must have equipment, and just the very best that we can furnish them. And you and I and every other man or woman who stays behind in America should feel it to be part of his duty to see that these men who go to the front have the means that they ought to have for the doing of the work.

And finally, having the men and their equipment, and having the work done as I believe it will be done if we have these things, then we must make that work known. Two of the most striking experiences that we had in China were at opposite ends, one in Mukden, one in Hang-chow, where we found two wonderful medical missions conducted by men who as boys had been friends in Glasgow, who had been educated together, who had walked hand in hand together and had finally gone into the work of medical missions together, one located in the far north, Dr. Christie at Mukden, and Dr. Main at Hang-chow. We learned that one of the secrets of the power of those men was that every week of their lives for forty years they had written letters which they exchanged from one to the other, but letters which had gone far and wide to every person which either one of them could number

among his friends or acquaintances. Those letters had gone out every week for forty years, keeping not only the men in China, but the men in the home land, in close touch with the work that was being done, keeping them always familiar with its development, with its needs, with all its trials, with all its joyful experiences, making them to participate in the work that was being done in China. And I believe that one of the great secrets of the success of those two missions lies in just that fact; and as practical men, every one of us who has any knowledge of business in the United States knows how much of it depends upon the right sort of publicity. We should use just exactly the same means in the spread of the knowledge of what the medical missionary is doing and in developing behind every medical missionary that we have in the field a group of people who are vitally interested in the success of that mission and that missionary, who will take a keen personal interest in what he is doing and make him know it,—not merely in their contributions to his work, but in their sympathy which will oftentimes go just as far, if not farther than direct financial contribution.

## ACCOUNT OF RECENT TOUR IN CHINA

REV. WALLACE BUTTRICK, D.D.

*Director China Medical Board, Rockefeller Foundation*

Mr. Chairman and my dear Friends: It is a very great honor that you do the China Medical Board in inviting me to speak to you tonight. I received a wireless message at Honolulu from the honored Secretary of this body asking me if I would speak here tonight, and I at once wired him that I would. If I had been in New York I probably should have made some excuse, for I do not like to make public addresses. Particularly do I dislike to make public addresses at the beginning of any task which I am undertaking.

The China Medical Board is at the very beginning of its work. Its plans are not yet defined, its program is not marked out, and I am reminded of that passage in the first book of Kings which says, "Let not him that girdeth on his armor boast as he that putteth it off." I have had many years experience in an executive position, as Secretary of the General Education Board. I have a story to tell about that work which is not without interest. Now I am coming to a new task in my old age, a new task about which I know very little and I cannot say much that will be definite. I fear that I cannot say much that will be highly satisfactory to you. I

come, however, because I want to know you and I want you to know me. I come because I am convinced that if we work together at all it can only be on the basis of mutual confidence and mutual respect, and therefore we must meet and know one another if we are going to work together.

Now, the China Medical Board of the Rockefeller Foundation did not spring into being all at once. It was in 1908 or '09 that through the University of Chicago Mr. Rockefeller sent out a commission to the Orient to study its educational conditions and needs. That commission had for its chairman my long time friend and old schoolmate, Rev. Ernest DeWitt Burton, D.D., of Chicago, and with him were associated Dr. T. C. Chamberlain and his son, Professor Chamberlain. They made a voluminous confidential report, which I have had the pleasure of reading within the past year, which is of very great value as a survey, a preliminary survey of the whole situation.

Later, some two and a half years ago, Mr. Rockefeller, Jr., invited a group of men, perhaps twenty or thirty of us, to a three days' conference regarding what might be done in the way of education in China; and that conference, with certain smaller conferences which followed it, reached the conclusion that there might be a field, there might be an opportunity to aid in promoting medical education in China. So a commission was sent out, with President Judson of Chicago as its chairman, and associated with him Dr. Francis W. Peabody of the Harvard Medical School in Boston and Mr. Roger S. Greene, then the consul-general in Hankow, China, and the son of Dr. Greene of Kyoto and Tokyo in Japan, well known in the missionary work. This commission made a report which has had a wide circulation. Several thousand copies have been sent out. The Rockefeller Foundation adopted the recommendations of that report in substance, and referred them to a new board, auxiliary to the Foundation, and gave that board the power to modify those recommendations in any or every particular; and while I was absent in the south on one of those delightful journeys amongst the people of the south, where I always like to go a little better than anywhere else in the world, they chose me as Director, in addition to my work as Secretary of the General Education Board; and when I got back to New York I found that I had a new job, with a whole bundle of recommendations and a sort of program marked out.

Now, I have long been interested in missions. I was a Baptist parson for twenty years. I have entertained a great

many missionaries in my home. I count amongst my dearest friends missionaries in almost every land where missionaries operate. I have been a member of all the missionary boards of our denomination, and at the time of my appointment was a member of the Finance Committee of the Northern Baptist Convention. So I am not without that general knowledge of missions and interest in missions and sympathy for missions which every Christian layman ought to have. But as to knowing specifically and definitely and accurately and thoroughly the work which needed to be done in China I felt myself like a child. How could I, sitting in New York in an office, surrounded by a board of men quite as wise as myself, devise and execute plans in far away China?

Now, I am still a believer in a special Providence. A year ago last December, my friend Dr. Abbott, of Portland, Maine, asked me to ask Dr. William H. Welch and Dr. Simon Flexner and my associate, Dr. Abraham Flexner, to come down to Maine and go with him for a week or ten days into the woods. These men accepted the invitation and we went down and landed up at Dixville Notch in New Hampshire, where, with the thermometer ranging usually below zero, and in those piney woods and the delightful surroundings that reminded me of my own home up near the North Pole at the top of New York, we had a delightful week together.

Now, of course, I made the opportunity grist for my hopper. I talked with those medical men,—they were all medical men,—diligently. Two of them were members of our board and Dr. Abraham Flexner is our associate in the office of the General Education Board. And in the course of a week I said, "I think it will be impossible for me to undertake this work unless Dr. Welch and Dr. Flexner will go out to China with me." Now, I suppose it is generally understood that they are in the front rank of the profession in America; and they looked at each other and smiled at my presumption. I knew when I got back to New York and told Mr. Rockefeller and my associates of the China Board that I proposed to take them out to China, they would smile and wonder why I didn't ask the President of the United States and the Secretary of State to go with me to China. But presently we had a meeting of the China Medical Board, and I moved that the board should invite these two men to go out to China with the secretary, and the motion was carried, and they were both present, and Dr. Flexner said, "Dr. Welch, if you will go, I will." And Dr. Welch said, "If Dr. Goodnow,"—who sat there,—"will let me go, I will;" and Dr. Goodnow said,

"You may go," and it was all consummated, and we went out to China.

Now you know what that did for us immediately. It gave us standing in the medical profession in America. The medical doctors of America were heretofore saying, "Who are these people that go up against this city? Who are these men who are going to attack the medical problem in China? A couple of superannuated preachers, and Dr. Mott, who is a great missionary, and Mr. Rockefeller and Frank Goodnow,—a few of these men who are going out to reorganize something in China." But the minute that it was announced that Dr. Welch and Dr. Flexner,—one the head of Johns Hopkins medical faculty, and the other the head of the Rockefeller Institute for Medical Research,—thought this of sufficient importance to go out to China, immediately the medical profession of Amreica, and I think the intelligent general public, said, "Really, this is something serious. This is something worth while." So as a bit of strategy this bit of good luck that I tumbled into was not so bad.

The same thing happened when we were on the Pacific, Dr. Welch and Dr. Flexner—I was nothing but cicerone for the party—received wireless messages from distinguished medical and scientific gentlemen in Japan asking if they might give them dinners and welcome them on their shores; and when we landed, Dr. Tuesler was there with a whole delegation of them, and they entertained us while we were in Japan, and sent us on our way rejoicing.

Now this is the way the work has come about. The China Medical Board wishes to do something that is really worth while to promote the sort of medicine in China which Dr. Bovaird has so accurately defined tonight as the very best. In order to do it, the Foundation has set aside a sufficient income for the purpose, has organized a board of trustees, and has sent out to China these two eminent men to make a definite survey of the field, to report and recommend just what shall be done.

Now, my dear friends, you would like to have me tell you just what we are going to do, and I answer I do not know. We have purchased the property at Peking. Purchased isn't the word to use. We resolved to co-operate with the missionary societies in developing on a high scientific plane the medical college at Peking, and in the course of our inquiries we discovered that one mission, the London Missionary Society, owned the property, for which they had paid something approaching $200,000; and we felt that if we were going to

take over that work and conduct it, we ought to reimburse the London Missionary Society for their outlay and with their permission take title to the property. So I went over to England last spring commissioned by our Board, and made arrangements with the London Missionary Society and we did reimburse them to the amount of $200,000 for that property, feeling that it was only just, if a number of societies were to participate with us in managing the college, that one society should not have contributed the entire property.

There is a Board of Trustees for the college, made up of representatives of these different missionary societies: The American Board of Commissioners for Foreign Missions, the American Presbyterian Board, the American Methodist Board, the London Missionary Society, the Society for the Propagation of the Gospel in Foreign Parts, and the London Medical Missionary Association. Then there are seven trustees selected by the China Medical Board, one of whom is John R. Mott, so that the missionaries surely may have a majority of the Board.

Now I cannot tell you what we are going to do at Peking, because the Board of Trustees has not yet met. I cabled from Yokohama recommending that a meeting of the Board should be called for early in February, and get home to find that it is going to meet on the 24th of January. Now, after the 24th of January I can tell you with more frankness and fullness what the Board of Trustees will do. Now I don't know, for I am only one of the trustees; and even if I had some information of what they are likely to do, it would not be in good form for me to say just what they will do in reorganizing that college. Suffice it to say that the missionary body is amply represented on the Board of Trustees, and we who are of the China Medical Board are convinced that we shall have to behave ourselves with great circumspection if we have our own way at all in its management.

As I have just said, we have just made this long journey out there and come back, and we have some reports to make to our Board. These reports have yet to be brought together in my hands and presented to our board, so it is impracticable for me to tell you—impossible, not impracticable, for me to tell you what the China Medical Board is going to do. When we reached Shanghai we found that the institutions in and near Shanghai had had under consideration some sort of proposal to the China Medical Board. Their joint committee, which had been created long before we arrived there, met and passed this resolution on the 4th of November, 1915.

"Inasmuch as the China Medical Board of the Rockefeller Foundation has in view the establishment of a medical school in Shanghai, which shall work in cordial and sympathetic co-operation with missionary societies, and in which it is desired to merge existing medical schools, the representatives of St. John's University and Pennsylvania Medical School, of the University of Nanking, and of the Harvard Medical School of China, in a joint meeting, held in Shanghai, Thursday, November 4th, 1915, extend a cordial invitation to the China Medical Board to establish in Shanghai a Medical School which shall be conducted by a board of trustees upon which would be represented the governing bodies of the co-operating schools."

That, of course, is a highly satisfactory situation from our point of view, that St. John's University, Nanking University, the University of Pennsylvania Medical School, and the Harvard Medical School, should themselves voluntarily come together and make this sort of proposal to us. for we do not wish to intrude ourselves upon them, and we should long hesitate to establish a school in a place where other schools were existing, lest we might be regarded as trespassers. But they have taken this voluntary motion, and I replied to Dr. Beebe, the Secretary of the Committee:

SHANGHAI, Nov. 7, 1915.

DEAR DR. BEEBE:—Thank you for your letter of November 5th, covering the resolution passed by the representatives of St. John's University, the University of Pennsylvania Medical School, the University of Nanking, and the Harvard Medical School of China. This resolution will be presented to the China Medical Board at its meeting which should be held the latter part of January, 1916, and you will of course be promptly advised of any action that the Board may take at that time relating to the matter.

In the meantime I might add that our Commission feels gratified that these organizations have, through this voluntary action manifested their sympathetic interest in the larger scheme which we have in mind for the promotion of higher medical education in China.

Thanking you and your associates for your manifold courtesies during our stay in Shanghai, I am,

Cordially yours,

(Signed) WALLACE BUTTRICK."

Now that is the situation in Shanghai.

Our visit to China was not with the idea of visiting all the hospitals of China, nor indeed all of the medical schools, but rather of visiting the places where we had in contemplation the doing of work and some of the larger centres which had hospitals that might contribute to that work by furnishing opportunities for interne service, etc.

We landed in Japan, and found that schools were not open,

and we had a very agreeable rest and delightful journey in Japan for two weeks. Then we went to Seoul in Korea, where we stayed two days, spending much of our time at the Union Medical College and Hospital, of which Dr. Avison is the head, and where Dr. Mills is the enthusiastic pathologist. Of course it was a very interesting experience for us; not yet China, but interesting because we could see what Japan was doing for the economic betterment of Korea, and we had some little glimpse and larger appreciation of what the missionaries were doing for Korea.

Then we went on up to Mukden, and met Dr. Christie, that wonderful man of whom Dr. Bovaird has spoken to you, who is, like Dr. Main of Hangchow, a great apostle of medical missions. As Dr. Welch said of him, it is an inspiration to meet him, and one feasts on the memory of a day with Dr. Christie and a day with Dr. Main. While there we also spent a day at the Japanese hospital. The South Manchurian Railway has a hospital and medical school which in point of equipment and extent, size of hospital and size and equipment of faculty, is the superior of all medical schools which we found in China. That is a Japanese school of about the grade of the secondary medical school in Japan itself. There we found two men in bacteriology and pathology who were thoroughly alive to the medical problems of the region, and a very interesting group of men in both hospital and medical school.

Then we went down to Peking and stayed three weeks,—not all of the time in Peking. There, of course, is the Union Medical School and hospitals,—for there are two of them. Then at the Methodist compound there are two hospitals,—a hospital for men and a hospital for women. At the Presbyterian compound, another hospital; at the Church of England compound, another hospital; and various government hospitals, and one government medical school. All of these institutions we visited. We were received in receptions by the missionaries, a courtesy which we returned by inviting them to the hotel. We were received by the Minister of Foreign Affairs in his office, and later he gave us a very elaborate luncheon in one of the large halls of the Forbidden City, with a large group of Chinese and European and American residents present. He with the American Minister arranged an interview for us with President Yuan Shi Kai, who received us with great cordiality and expressed great interest in our work. He later sent a check for $1500 down to the college as a token of his appreciation, and has written to us and asked what he can do to help us, whether we would like land

or would like scholarships, and said: "I will direct the young men of China to prepare themselves to enter your medical school, if you establish it at Peking." I am glad to say that Bishop Bashford told me that he has also made a generous subscription to the Union University at Peking, perhaps $50,000, paying the interest only until the principal is paid. That has all been very recently, and is some indication of the friendliness of the government toward missionary enterprise and toward our little enterprise also.

We went down to Tientsin. There we visited—and I felt as though I were on holy ground—the Mackenzie hospital. I remember, twenty-five years ago, reading the life of John Kenneth Mackenzie, and I could hardly believe when I stepped up into that old building that I was on the place made sacred to my memory by the story of that remarkable man's life. We also visited the Peyang Medical School and hospital, and the Military School and hospital, which is still another institution of the central government of China; and the Methodist Hospital. But the thing which most impressed me for many reasons at Tientsin—and perhaps no single experience in all China impressed me as much—was a visit to that Middle School conducted by Chang Po-ling. I wrote home a letter, which my office had manifolded and sent around; and Dr. Charles W. Eliot wrote me a letter in reply. In this letter I mentioned Chang Po-ling and my admiration for him, and he wrote back to me and said: "He was altogether the most admirable and interesting man that I met in China." Now, Chang Po-ling is a Christian of a very earnest and devoted and determined and almost bigoted character. Dr. Mott knows all about his conversion. My recollection of it is that Gailey and one other man made up their minds that Chang Po-ling, then an officer in the navy of China, was the sort of man who ought to be a Christian, and they laid siege to him until he became a Christian. He had a Pauline experience. He can tell you the day and the hour and the minute when the tremendous experience came to him which made him a disciple of Christ.

Now he has organized this school. There are some eight hundred young men, gathered from nearly every province in China. In equipment, in the quality of instruction, in the poise and strength of the teachers, in their class room exercises, in the work done, in the library, in the cleanness of its dormitories, in the charm of its interior court, in the almost military bearing of that great body of young students, it is the equal of any school I have ever seen in the world, and I have

seen many schools. Every year, from a hundred to two hundred of the young men are under Chang Po-ling's personal ministry converted to Christianity, there being turned out of that school one hundred and fifty a year who go out all over China stamped with the impress of this remarkable man and themselves earnest Christian young men.

I asked the question—and it seems everyone asks it who goes there—"How is it these young men are so erect and so military like? Are they inspected every day when they come?" "No," said Chang Po-ling, "they are not." "Well, how is it?" He took me to the entrance and said: "Do you see that mirror?" "Yes." "Over it is an inscription in Chinese to the effect: 'Am I properly dressed? Am I clean and presentable? Am I the sort of man who ought to enter the walls and halls of this school today?' "—something like that over the door. And when any young man comes in, the first thing he does is to turn and face that mirror and inspect himself. I think that is a stroke of genius. Why, that is as good as morning prayers for anybody to stand before a mirror and look himself in the face and in the eye, and say, "Am I a man fit to go out into the world?" Now that is a fair indication of the whole school.

Now, I speak of this because it is significant. There is a man who dominates a great number of people. One day I was going up the Yangtse River. A beautiful day it was in the month of October. Sitting out on the deck, I saw in the distance on a promontory one of those remarkable Chinese pagodas lifting its lofty self toward the sky, with the mountains beyond as its background. I went on with my reading. I looked up again, and there was that remarkable structure. I went on with my reading. I looked up again, and there it was still. A half hour passed. I looked up again, and there it was. I went around on the other side of the boat. It interrupted my reading. I read a little while, and I said, "I must go back and see it." I went back and looked at it. We got abreast of it, and I looked at it; and we passed it and went on for another fifteen minutes, and there it stood. For thirty miles or more on the Yangtse River that magnificent structure dominates the landscape and compels attention. And I said to myself, is that not one of the needs of China, that there shall emerge somehow from our enterprises here, missionary and medical, men like Chang Po-ling, men—let us hope and pray—like those whom he is training, who as examples of what the Christian spirit can create shall stand out and dominate the landscape, and by their very characters tes-

tify to the value of the Christian teaching and the Christian spirit.

We went on down to Tsinan-fu, it reads to a Yankee, but they call it "Chenan-fu"—and what a rare old city it is! We visited the Union Medical College there, founded, I believe, by the English Baptists, later adopted in co-operation by the Presbyterians of America, where they have built a remarkable hospital, for China,—for anywhere a good hospital,—with perhaps the best out-patient department I have ever seen anywhere, and where they are establishing a school to be taught in the Chinese language,—as they say, the Mandarin language. Oh, I would like to tell you my impressions of Tsinan. We were impressed, of course, by that splendid body of men there who were at work. We were impressed by the influence of the missions of Shantung Province, which are under the direction of the Presbyterians of this country, although other denominations, like the Southern Baptists and the English Baptists and the Methodists, are at work there, and the splendid work which missionaries have done in that province, the fruit of which is apparent in that city and in other places where we had opportunity as the train passed by simply to shake hands with the missionaries and the medical representatives.

We went back to Peking. I am going to deny myself the pleasure of telling you some things that I was interested in in Shantung. Back to Peking and down to Hankow, where we had interesting interviews with the missionary representatives, and particularly the managers of hospitals and the one medical school at Hankow, and where we came across Bishop Roots. Now, it is worth going to China to meet Bishop Roots. I don't know any journey so long that I would not take it for the sake of meeting Bishop Roots. We met Mrs. Roots first, in Hankow, and she accounts a good deal for the Bishop; and then we went up to Changsha, past this wonderful pagoda that I was describing to you a little while ago, and came to the Yale Mission, where we met Bishop Roots.

But let me tell you about our arrival at Changsha. When we got there we were met by the Commissioner of Police. I was a little startled at the thought of being greeted by the Commissioner of Police, but I soon learned a commissioner of police is equivalent to a mayor of a city, and he was there to do us honor and not to arrest us. Escorted by him, we went up to Dr. Hume's house, and were told to get into the best clothes we had, at once, because forty-seven of the gentry of Changsha were giving us a dinner. So we dressed as quickly

as possible, and got into those abominable chairs, and were carried through the narrow streets of the city to an old ancestral hall. Of course that is a magnificent residence compound, only it isn't a residence. We were met at the gateway by some people. The head man had a long sash over him. He looked like a man marching in a St. Patrick's Day parade. He bowed to us profoundly, and I did my best to be polite. I bowed to him. Then I was a little distressed to know whether I ought to go on the right side of the man or on the left. But somebody whispered to me, "The left is the side of honor," so I changed it. Then my associates came up. You know nothing is straight in China. Those of you who live there know it. We went around and around and around and around, and presently we emerged into a most delightful park-like place, with a lake reflecting electric lights and the outlines of the structures about the lake, and were carried over some bridges that looked not unlike those balustrades at the Temple of Heaven in Peking. Presently I looked up, and there was a brass band. I walked along with this man and stepped up on a step, and just as I stepped on the step, that band struck up "Yankee Doodle." Now, wasn't that splendid? Of course I took off my hat. I went on past the band, and I met a group of these charming gentlemen and was presented to them, an interpreter doing his best to make us understand one another. Then I was told it was not proper for me to stay there any longer, that I must go on to another place in order to be proper. I went to another place, and was presented to another group of gentlemen, and then another place and another group of gentlemen.

You know it had dawned on me long before that in China that I was a barbarian. I discovered very early in China that those people looked upon me with condescension and commiseration, and for the first time in my whole life I understood that passage—you remember it, don't you?—in Dr. Livingstone's "Africa" where he says that the first time a certain black people in the interior of Africa saw a white man they were nauseated. If you think you are a gentleman or a lady, it will all be taken out of you in China in a very little while.

Now, after a while we were seated at the table, and we had an interminable dinner, a European dinner served in China,—so many courses, you know. Then at the end of it they had after-dinner speeches, and they were splendid. The Commissioner of Police made a speech, which was interpreted. Then one of the men who was over here with that commission of merchants from China made a speech, and a great and grand

speech it was, in good English. Then Dr. Welch spoke, or perhaps I spoke first. We both spoke, anyway, and Dr. Flexner; and the speeches were interpreted by a young man, the grandson of the man in whose honor this ancestral palace had been erected, himself the secretary of the Young Men's Christian Association, and they told me of the young men the finest classical scholar in Changsha, everybody proud of him, a leader of the Christian host of Changsha. It would have done you good to see the honor that was done him by the gentry present.

I speak of this as showing the remarkable hold which the Yale people have gotten on the gentry of China, not only the men but the women; for there is a large association of women in Changsha who have associated themselves together for the promotion of public health and sanitation, the care of children, the providing of suitable food for children, and doing what they may to decrease infant mortality and to promote the general sanitation and salubrity of the homes of that region,—a splendid body of women, all of whom were asked to go when we went out with the Governor General to lay the corner-stone of the new Harkness Hospital of the Yale Mission School. I may say in passing we were entertained by the military governor of the province at luncheon, and were escorted through lines of soldiers, just ahead of the Governor General, all the way out to this place where the corner-stone was laid.

We went down to Shanghai, where we visited all the medical schools and hospitals, and where I occupied my time mainly in making speeches. I made more speeches in Shanghai than I have made in America in five years. The Christian Association had me on the carpet three times, Dr. Gamewell had me on three times for some of his educational associations, and Dr. Beebe had me on for the medical men; and then we went out to meet native educational associations, where I made speeches that had to be interpreted sentence by sentence; and Dr. Lobenstine filled in the chinks. So from the beginning of my visit to the end of it there we had these interviews.

Then we went on to Hangchow and Soochow, having had ten days at Nanking, and down to Hongkong and Canton. That was the extent of our journey in China.

The net result of it all is this: We are convinced that the best service which the China Medical Board can render in China is the establishment of two medical schools of the highest grade possible under existing conditions, where young men and young women may be so trained in medicine as that they themselves shall become the producers and the teachers of

modern medicine for China. That our largest service will not be rendered by aiding a large number of schools, or a considerable number of schools, here and there, to train men imperfectly, who themselves have had imperfect preparation for the immediate needs of China; but that the greatest service we can render and the most permanent service we can render is that of establishing these two schools on such a high plane scientifically and educationally as that through the process of training in these schools there shall emerge young men and young women who are capable of studying the medical problems of China and of producing a medical literature for China, and who themselves will become the teachers of the future generations of Chinese in the very best that modern medicine can offer. To that task we propose to set ourselves. That is the recommendation which we shall make—here I am telling the tale right out of school—to our Board and to the trustees of the Union Medical College. We believe that to be the highest service we can render.

Now you ask, what will be our relation to the missionary societies, and I can only answer—and I won't take time to read it for there isn't time now—I can only answer by referring you to the letter which Mr. Rockefeller sent, first to Dr. Speer and then to secretaries of other societies, in which we express our wish to co-operate in every possible way with the missionary societies and to do our work in such sympathetic accord with you as shall make our work a distinctive contribution to missionary endeavor. (Applause.)

Dr. A. J. Brown: Mr. Chairman: It has been thought best for the Committee of Reference and Counsel to report this evening on the questions which have been submitted regarding medical work rather than defer that report until tomorrow afternoon, inasmuch as you have devoted the afternoon and evening of today to medical missions, and it may be well to clear up the subject while it is before us.

The questions referred to the Committee may resolve themselves into two groups. First, the resolution of the China Medical Missionary Association and the China Continuation Committee, as printed in our report, regarding co-operation with the China Medical Board of the Rockefeller Foundation and the securing of an adequate number of suitable physicians and nurses. A second group consists of the resolutions presented this afternoon, adopted by an informal conference of a few medical missionaries and home friends and physicians in New York, March 16th, regarding more adequate equipment and support of mission hospitals in all the fields.

The Committee feels disposed to approach these questions in a spirit of large sympathy. It is true that the Committee doubts the practicability of some of the specific proposals that have been made, and we are inclined to think that some who spoke and have written are not aware of all that the boards are now doing or of what difficulties are involved in the attempt to carry out their specific proposals. Nevertheless, the Committee keenly feels the importance of the whole subject, and surely all of us are eager to do everything in our power to advance the interests of this great department of our common mission work. Some of us have had these questions under consideration for a long time, and we were therefore a little perplexed at some of the things that were said and written which apparently implied that nobody here had been thinking about them. Four members of the Committee are members of the Board of Trustees appointed by the China Medical Board of the Rockefeller Foundation: Dr. North, Dr. Barton. Dr. Mott and myself. We have been rather anxiously and prayerfully studying these matters. and we know that some of the rest of you have also been doing so. It is quite evident that all that is desired cannot be adequately handled at this Conference, amid the heat and pressure and hurry of our work here. We feel that it is wise to re-study the whole field of medical missions at home and abroad, to go somewhat carefully and thoroughly into the problems that are concerned. and see if some more satisfactory methods cannot be devised. We therefore submit the following recommendations:

The Committee of Reference and Counsel having had referred to it certain resolutions, recommendations and papers relating to medical missionary work. which had been presented to the Conference, the Committee recommends, in view of the very great importance of the suggestions presented and their indirect bearing upon missionary administration both at home and abroad, that all these papers be referred to a special subcommittee to be appointed by the Committee of Reference and Counsel, this sub-committee to make careful investigation of the subjects presented, to hold conferences, to confer with those interested in these resolutions, and to bring in a report at the next meeting of this Conference.

And it is our thought, Mr. Chairman, that this sub-committee should be appointed almost immediately after the close of this Conference. with a view of undertaking its work at the earliest possible moment and entering into conference with the boards concerned in the development of the specific institutions in northern China.